STATE OF MARYLAND—CERTIFICATE OF DEATH

| | OF MARYLAND— | CERTIFICATE OF DEATH | 10502 |
|--|---|---|---------------|
| 1. PLACE OF DEATH | Ann | (130) | |
| County Suun | Jane | Registration Dist, No. | |
| Village or City Swing | /ours | No. St., death occurred in a hospital or institution, give its NAME instead of street and n | Ward |
| Length of residence In city of town where | M 1 7 | ds. How long in U.S. if of foreign birth?mo | * |
| 2. FULL NAME Stellin | · It. Brown | | |
| (a) Residence: No. Ewing | Tom | St., Ward. | |
| PERSONAL AND STATIST | (Usual place of abode) | If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH | State |
| 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH | |
| Wales loof- | OR DIVORCED (write the word) | Jan 23rd | 193 6 |
| 5a. If married, widowed, or divorced HUSBAND of | 2 | (Month) (Day) | (Year) |
| (or) WIFE of Hatilda | Brown | 22. HEREBY CERTIFY, That I attended | deceased from |
| 6. DATE OF BIRTH (month, day, and year) | 101-20 1872 | Hast saw h M alive on Law 14 1938 | death is said |
| 7. AGE Years Months | Days If LESS than | to have occurred on the data stated above, at 2 46 Pm. | , |
| 63 2 63 rel | 28 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: | D |
| 8. Trade, profession, or particular | T. | acute managementon | Date of onset |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc | "army | neghntis | 1935 |
| Q work was done as CII K MIII | | Brimary Cause.) and a & a | |
| SAW MILL, BANK, etc | 11. Total tima (years) | J Court anknown Curso | |
| year) /7/3 | occupation defe | Other Contributory Causes of importance: | |
| 12. BIRTHPLACE (city or town) | e Home County | | |
| 13. NAME Trukurun | | | |
| E | | Name of operation Date of | |
| 14. BIRTHPLACE (city or town) (State or country) | • | What test confirmed diagnosis? | utopsy? |
| 15. MAIDEN NAME MIKENS | wi | 23. If death was due to external causes (VIOL ENCE) fill in also tha following | |
| 16. BIRTHPLACE (city or town) | | Accident, suicide, or homicide? Date of injury | , 19 |
| (State or country) | | Where did injury occur?(Specify city or town, county and State | e) |
| 17. INFORMANT Styre . Mes | sella Brown, | Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA | ACE. |
| 18. BURIAL, CREMATION_OR REMOVAL | wn ox. 7. D. Mol | Manner of injury | |
| Place Kieh neck | Date & Com 2 6, 19 3 6 | Nature of injury | |
| 19. UNDERTAKER Han. 4. 9 | 4 | 24. Was disease or injury in any way related to occupation of deceased? | 24 |
| (Address) Church | Kill Ind. | If so, specify | A |
| 20. FILED Jan 241936 7 | V. H. Good | (Signed) Diffyy & frehmond | M. D |
| | Registrar. | (Address) La Risteritory H | 9 |

N. B.-WRITE PLAINEY,

o. Every item of infor-

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Statement of occupation .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," the particular kind of work done and return that as a simple terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| | Example II | |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows: | |
| | | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5, 1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|----------------|------------|----|-----------|
|------------|-------|-----|----------------|------------|----|-----------|

MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPAord. Every item of infor-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WI N. B.

| STATE OF MARYLAND | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | (940) |
| County Q Q G | Registration Dist. No. 250 |
| Village or City + Un Ludhall | No. St., Ward |
| | f death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Just Clow | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH fau 1 193 6 |
| 5e If married widowed or divorced | (Month) (Bay) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Unknown - 1849 | I last saw h |
| 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| 87 I day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNER, Refer to Torres | Pulson |
| kind of work done, as SPINNER, Ruled Faram | Mym Pilling |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this. | 1 |
| SAW MILL, BANK, etc | - |
| this occupation (month and year) occupation occupation | |
| 12. BIRTHPLACE (city or town) (State or country) | Other Contributory Causar of importance: |
| II I3. NAME LOWER Charl | |
| 13. NAME forms Obul 14. BIRTHPLACE (city or town) furthern (State or country) | Name of operation |
| (State or country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME - Baker | 23. If death was due to external causes (VIDL ENCE) fill in also the following: |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? Date of Injury, 19 |
| State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Chesa Class Del | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Impularle Inf Date Jan. 3, 1936 | Nature of injury |
| 19. UNDERTAKER John At Thin & don on ICH | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Millans ton mg | If so, specify |
| 20. FILED Jan 3, 1936 James P. Tour De | (Signed) M.D. |
| de la Lan Registrar. | (Address) A A A A A A A A A A A A A A A A A A |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------------|--|-----------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset |
| Cerebral hemorrhage | 1921 July 5,1927 | Run over by street car Peritonitis | 1 week ago 3 days ago |
| Other contributory causes of importance: Gallstones | May 1,1923 | Other contributory causes of importance: Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

D. Every item of infor-

Exact statement of OCCUPA.

be properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 00804 |
|---|--|
| 1. PLACE OF DEATH | 92.30 |
| County Shell Finnel. | Registration Dist. No. 21-1 |
| Village or City Med Chelless . Theel | NoSt.,Ward |
| Length of residence in city of fown where death occurred 35 yrsmos. | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME of Organio. Da | |
| (a) Residence: No. Coc Allewing Her | est., Ward. |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS | If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH |
| 3. SEX. 4. COLOR OR ACE. 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Male Mute of achieve | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MAN Cale | 22. HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, bay, and year) 1870 | I last saw hall alive on Last I 1936 death is said |
| 7. AGE Years Months Days If LESS than | to have occurred on the date/stated above, at |
| 65 8 9 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: |
| 8. Trade, profession, or particular kind of work done, as SPINNED, BLACK HAUSELINE SAWYER BDDKKFEPER etc. | Heatre Eleptules Still |
| 9. Industry or business in which work was done, as SILK MILL, Melhaule SAW MILL, BANK, etc. 10. Date descending (month and this occupation (month and this | |
| 10. Date deceased last worked at this occupation (month and 1937) spent in this 40//ps | A |
| 6 | Difter Contributory Canada of importance: |
| 12. BIRTHPLACE (city or town) (State or portuly) | vouvie osocialing on one |
| 13. NAME Theora Di Cale | 0 |
| 13. NAME / LILE DIA N. 1 COLL | Name of operation & Bottle Date of |
| (State of country) | What test confirmed diagnosis clenical. Was there an autopsold |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) | 23. If death was due to external causes (VIOLENCE) fill in also the following: |
| 0 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of Injury |
| State or country) | Where did injury occur of the Company of the Compan |
| 17. INFORMANT (Address) | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury & & & & & |
| Place Culturelle Date Jan. 1, 19.35 | Nature of Injury UBUL |
| 19. UNDERTAKER True A Grade Made | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED Jan. 2, 19 \$ 5- 7/ H. Goval. Registrar. | (Signed) Colored M. D. (Address) Challed M. D. |
| | 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example II | |
|---|---------------------------|
| ause of death and related causes vere as follows: | Date of onset 1 week ago |
| car | 1 week ago |
| | 3 days ago |
| ory causes of importance: | 1 year |
| | |

| ADDITIONAL SPACE FOR FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------------------------|------------|----|-----------|
|------------------------------|------------|----|-----------|

PHYSICIANS should state Exact statement of OCCUPA.

D. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

| 1. PLACE OF DEATH | 92-20 |
|---|--|
| County Leens Cerus | Registration Dist. No. 252 |
| Village or City Centreville | NoSt., Ward |
| Length of residence in city or town where death occurred 50 yrs | (If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds. |
| 64. 0 UDA: 0-4 | mosds. How long in U.S. If of foreign birth?yrsmosds. |
| 2. FULL NAME O Racles Wages | 20 one |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO | OWED. 21. DATE OF DEATH |
| male Colored OR DivorceD (write the | 193 |
| 5e. If merried, widowed, or divorced | (Month) (Dey) (Year) |
| HUSBAND OF Berdee Dofon | I HEREBY CERTIFY, That I attended deceased from |
| 0. 5.6 |) - 10 T), to 1 - 1 9 19 19 19 19 19 19 19 19 19 19 19 19 |
| 6. DATE OF BIRTH (month, day, end year) | 1 last saw h alive on |
| 7. AGE Years Months Days If LES: | The state of the s |
| 00 or | I I I I I I I I I I I I I I I I I I I |
| 8. Trade, profession, or particular kind of work done, as SPINNER, | Sturie a Verliner dirin |
| SAWYER, BOOKKEEPER, etc. | - ware vouser point |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | 14 on row |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAMUSER, BOOKKEEPER, etc. SAMUSER, BOOKKEEPER, etc. Various or was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased lest worked et this occupation (month and spent in this | |
| year) occupation | |
| 12. BIRTHPLACE (city or town) - Transcie | Other Coutributory Causes of importance: |
| (State or country) | - Vilinia- Kalusia |
| 13. NAME Nichalas Dahan | |
| 14. BIRTHPLACE (city or town). Brazonice | Neme of operation |
| (State or country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME Nester/Braco | 23. If death was due to external causes (VIOLENCE) fill in elso the following: |
| 15. MAIDEN NAME Nester/Brace 16. BIRTHPLACE (city or town) Keut Dean (State or country) | Accident, suicide, or homicide? Date of Injury |
| ∑ (State or country) | Where did injury occur? |
| 17. INFORMANT Dirlie Dalson | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Centrevier m | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Date | Nature of injury |
| 19. UNDERTAKER / Sarlon / Trac | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Centreville m | If so, specify |
| 20, FILED Jan. 17, 1936 Manie & Bris | Af. (Signed) 4 P. M. D. M. D. |
| | istrar. (Address) when each tool |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| 11 1160 4 1838 | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |
| | | | | |

| ADDITIONAL SP. | ACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|-----|-----|---------|------------|----|-----------|
|----------------|-----|-----|---------|------------|----|-----------|

PHYSICIANS should state Exact statement of OCCUPA-

V. S. No. 1

TION is very important. See instructions on back of certificate.

Marino

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|--|--|
| 1. PLACE OF DEATH | (m) |
| County Lucen ames | Registration Dist. No. 253 |
| Village or City Slevensville | NoSt.,Ward |
| | death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Serry Lee Griffin | 100 Maria 100 Ma |
| | 0. W1 |
| (a) Residence / No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (revite the word) 5a. If married, widowed, or divorced | 21. DATE OF DEATH (Month) (Day) (Year) |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| Le gti 1930 | |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, atm. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation. | Date of one shoot (lung) 3 4 throat; 2 days. Determinent (lung) 3 4 throat; 2 days. Determinent (lung) 3 4 throat; 2 days. |
| 12. BIRTHPLACE (city or town) levensulle. (State or country) | Other Contributory Causes of importance: Verse Short time. |
| 13. NAME aniel driffing 14. BIRTHPLACE (city or town) Talbut Co. (State or country) | Name of operation Date of What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME illean (lytch 16. BIRTHPLACE (city or town) Slew Expressible (State or country) 17. INFORMANT Agrief Caylota | 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? |
| (Address) Stevensville med | |
| Place Place Data Jan 20, 193 6 | Manner of injury |
| 19. UNDERTAKER J. C. Thornas (Address) Slewengwille md | 24. Was disease or injury in any way related to occupation of deceased? If so, specify A Polyman Jocal Regue to |
| 20. FILEO SULLA 190 D. T. C. M. Mark | (Address) levensville Mit |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as-follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis RECEVED | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| BUREAU V. S. | | | |
| Other contributory causes of importance: | 1 | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE PLAI

V. S. No. 1

TION is very important. See instructions on back of certificate.

D. Every item of infor-

00897 STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | ——— |
|---|--|
| County June and | (131) Registration Dist. No. 252 |
| Village or City M. Centrevella (16 | NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmos | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME 6 legateth Hema | ley |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH (23 , 193 6 (Month) (Day) (Year) |
| 5a. Handsied, widowed Avoiced Husbard of James Humsley | 22. I HEREBY CERTIFY, That I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) May 24 _ /867 7. AGE Years Months Days If LESS than 1 day,hrs. | I last saw h 2 alive on |
| 2 Trade prefereion or particular | were as follows: Date of onset -5-5 |
| SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and this propagation (month and this propagation (month and spent in this). | Grimony Canal: Chronic interstitial ne- |
| O 10Date deceased last worked at 11. Total time (years) this occupation (month and year) | V |
| 12. BIRTHPLACE (city or town) Queen and Co (State or country) | Other Contributory Causes of importance: |
| 13. NAME James Thomas | Chrome Mystalelist 1992 |
| 13. NAME Survey Shows 14. BIRTHPLACE (oby or town) Survey Green Green | Name of operation Oate of What test confirmed diagnosis Classial Was there an autopsy? 20. |
| 15. MAIDEN NAME Mary Jackson | What test confirmed diagnosis? Was there an autopsy? T Was there an autopsy? T |
| 16. BIRTHPLACE (city or town) Que Carrella (State or country) | Accident, suicide, or homicide? Oate of Injury, 19 |
| 17. INFORMANT Clara Carnes 7.8 (Address) Cultivalle N. R. 7.8 | (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL Place Date Janu 26, 1936 | Manner of injury |
| 19. UNDERTAKER Danto Detro | 24. Was disease on injury In any way related to occupation of deceased? 20. |
| 20. FILED Jan. 26, 1936 Illamin S. Bright. Registrar. | (Signed) Carlender Maddress) end Semble, 7996. |

If more blanks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | | |
|--|--------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows: | | The principal cause of death and related causes of importance were as follows: | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis FLB 4 1936 | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago | |
| | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AGE should be stated EXACTLY.

be properly classified.

HYSICIANS should state D. Every item of inforExact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH 00808 |
|--|--|
| 1. PLACE OF DEATH | |
| Country State of Merce | Registration Dist. No. 251 |
| Village or City Oliceoph, Hell | No. St., Ward |
| 7/, (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Voces NOUCOES- | ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME STATE TO THE STATE OF THE STATE | |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SMX 4. EGLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OX DIVORCED (write, the world) | 21. DATE OF DEATH LASTER 5 |
| 5a. If married, widowed, or divorced | (Month) (Day) (Year) |
| HUSBAND OF PO WORLD VIDEO | 22. 1 HEREBY CERTIFY, That bettended deceased from |
| 1896 To and the hard | 10 foco 1 5, 136 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h alive on 1926; death is said |
| 1 day,hrs. | to have occurred on the date steted above, atm. The PANCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular | were as follows: Date of onset |
| kind of work done, as SPINNER, Allen Stuller | The state of the s |
| 9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc | |
| 1D. Date deceased last worked et this occupation (month and spent in this occupation | |
| 12. BIRTHPLACE (city of town) for the Co hard | Office Contributory Causes of Importance: Held Del |
| 1 13. NAME HEAVER DOCLES | 0 |
| 14. BIRTHPLACE (city or town) | Name of operation & & & & Date of |
| (State or country) | What test confirmed diagnoses legical. Was there an autopsylls |
| 15. MAIDEN NAME O Oat Know | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury 19 |
| (State or country) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT (Address) Will a miles (Address) | Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE. |
| 18. BURIAL CREMATION, OR BEMOVAL | Manner of injury Clace |
| Place / andwwn Date Jan. 9, 1936 | Nature of Injury UOUL |
| 19. UNDERTAKER Tr. H. Good | 24. Was disease or injury in any way releted to occupation of deceased? |
| (Address) | If so, specify |
| 20. FILED Jan. 61936 It H. Grand | (Signed Address) Lewell Her bed . D. |
| Registrat. | (1001033) |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | i | Example II | 190 |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial mephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| SUSPAILS: | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| | | | |

should state

PHYSICIANS

stated EXACTLY.

AGE should be

properly classified.

N is very important. See instructions on back of certificate.

USE OF DEATH in plain terms, so that it may be

ond. Every item of infor-

Exact statement of OCCUPA.

(Address)

| CTATE OF MADVI AND | CERTIFICATE OF REATH 06800 |
|--|---|
| THE RESERVE OF THE PROPERTY OF | CERTIFICATE OF DEATH 100800 |
| 1. PLACE OF DEATH | 179 |
| County Suces (Mules) | Registration Dist. No. 2/53 |
| Village or City Stevensville | NoSt., Ward |
| Length of residence in eity or town whara death occurredyrs | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? |
| mins 4-6 | yisyis |
| 2. FULL NAME / COLUMN C | |
| (a) Residence: No. (Usual place of abode) | 2St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH JOW. 6 |
| 5a. If married, widowed, or divorcad | (Month) (Day) (Year) |
| (or) WIFE of Do not Muon | 22. Jay 5 1936 to Jay 5 1936 |
| 6. DATE OF BIRTH (month, day, and year) February - 1892 | I last saw h & alive on A acu \$,1936, death is said |
| 7. AGE Years Months Days II LESS than | to have occurred on the data stated above, atlQm. |
| 44 10 8 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows: |
| 8. Trada, profession, or particular kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, atc. | dette accident (methy) Jan 5 |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this openation (month and | Joursoning Deceased drank 1936 |
| 10. Date deceased last worked at this occupation (month and year) | (drank devalues |
| 12. BIRTHPLACE (city or town) Artel | Other Contributory Causes of importance: Chochol) She got hals |
| (State or country) | "untertroubly of I can of "methand" |
| 13. NAME DI NOTTHOW | and kept on drinking, tall a an overdose from |
| 13. NAME De not Know 14. BIRTHPLACE (city or town) Dis not Know (Stata or country) | Name of operation |
| I 15. MAIDEN NAME , Jonot 1800 mar | 23. If death was due to axtarnal causes (VIOLENCE) fill in also the following: |
| 15. MAIDEN NAME JONOT KNOW 16. BIRTHPLACE (city or town) | Accident, suicida, or homicide? Occident Date of injury 19 |
| State or country) | Where did injury occur? |
| 17. INFORMANT Dy headon Cook/ (Address) Heven and | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury accidentally drawk too much methanol |
| Place Hagrown Va Date Jan 8,1936 | Nature of injury |
| 19. UNDERTAKER J. Ro, Shomas | 24. Was disease or injury in any way related to occupation of deceased? |

Registrar.

if so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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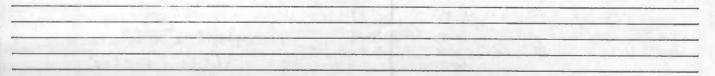
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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| Example I | Ti I | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis FFR 1998 | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





HYSICIANS should state Exact statement of OCCUPA.

UNFADING INK-THIS IS A PERMANENT

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

| (T) | 18 | 0 | 1 | () |
|-----|----|---|---|----|
| () | 1 | 0 | 1 | () |

| 1. PLACE OF DEATH | 108) |
|---|--|
| County Lean Cercus | Registration Dist. No. 252 |
| Village or City Centrevelle | No. St., Ward |
| | If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurredyrsmo | osds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Mary Mana As | |
| (a) Residence: No. | St., Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 1. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH Jan. 6 (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced tisspans of Solomon Cleran Land | 22. HEREBY CERTIFY. Thet I attended deceased from |
| 6. DATE OF BIRTH (month, day, and year) Sept. 22-1886 | I last saw h alive on \(\sigma \) 6 19 3 6; deeth is said |
| 7. AGE Years Months Days If LESS than 1 dayhrs | to have occurred on the date steted above, at 8m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance |
| 8 Trade profession or particular | Date of onset |
| 9. Industry or business in which | 0.0000 |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation | |
| 12. BIRTHPLACE (city or town). Descen Curve Co. (State or country) | Other Contributory Causes of importance: |
| | |
| 13. NAME Chas, Hung Vender | |
| 13. NAME Chas. Henry Pender 14. BIRTHPLACE (city or town) See Clame Co (State or country) | Name of operation Date of What test confirmed diegnosis? Was there an autopsy? >= 200 |
| 15. MAIDEN NAME Marcetta Cole | 23. If death was due to external causes (VIOLENCE) fill In also the following: |
| 15. MAIDEN NAME Marcetta Cole 16. BIRTHPLACE (city or town) | Accident, suicide, or homicide? Date of injury, 19 |
| (State or country) | Where did injury occur? |
| 17. INFORMANT Was Henry Land | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Place Centrevelle Mapate Jan 8 ,1931 | Nature of injury |
| 19. UNDERTAKER Sauton Burs | 24. Was disease or injury in any way related to occupation of deceased? |
| (Address) Contrevelle, Med. | If so, specify There Tasker |
| 20. FILED Jan. 8, 19.36 Mamie S. Bright. | (Signed) (Address) (Address) (Address) (Address) (Address) (Address) |
| If more blanks are needed, address Sinte Registra | r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

V. S. No. 1

N. B.—WRITE PLAIL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | | |
|--|---------------|--|---------------------------|--|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | |
| Other contributory causes of importance: | | Other contributory causes of importance: | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |

| ADDITIONAL SI | PACE F | FOR I | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|--------|-------|---------|------------|----|-----------|
|---------------|--------|-------|---------|------------|----|-----------|

| 1 | STATE OF MARYLAND— | CERTIFICATE OF DEATH | 9811 |
|------------|---|--|---------------|
| / 1 | . PLACE OF DEATH | 940) | 16 |
| | county Jugen Come | Registration Dist. No. 25 | T |
| | Village or City / Scaponiille | NoSt., | Ward |
| | Length of residence in city or town where death occurred yrs | death occurred in a horpital or institution, give its NAME instead of street and nu death of the street and nu death occurred in a horpital or institution, give its NAME instead of street and nu death occurred in a horpital or institution, give its NAME instead of street and nu death occurred in a horpital or institution, give its NAME instead of street and nu death occurred in a horpital or institution, give its NAME instead of street and nu death occurred in a horpital or institution, give its NAME instead of street and nu death occurred in a horpital or institution in the street and nu death occurred in a horpital or institution in the street and nu death occurred in the stre | |
| | FILL NAME AGOIR il Males | holl | |
| | (a) Residence: No. Prosomule M | St., Ward. | |
| - | (Usual place of abode) | If nonresident give city or town and S | itale |
| _ | PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. | 4. COLON OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH | 193 6 |
| 5a | If married, widowed, or divorced | (Month) (Day) | (Year) |
| | HUSBAND OF (or) WHIFE of Matilda Lea | 22. / HEREBY CERTIFY, That I sttended do | eceased from |
| | 1718124 | hell. 10 , 19 bs, to fall 36 | , 1906 |
| | DATE OF BIRTH (month, day, and year) | 1 66 | deeth is said |
| 7. | AGE Years Months Days If LESS than 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | |
| | 8. Trade, profession, or particular | were as follows: | Oate of onset |
| OCCUPATION | kind of work done, as SPINNER, Salvores SAWYER, BOOKKEEPER, etc. | aleres Relirasio | 7 |
| PAT | 9. Industry or business in which work was done, as SILK MILL, | | |
| | SAW MILL, BANK, etc | Coronary artery schoons out Re | |
| 0 | this occupation (month and 1934 11. Total time (years) spent in this occupation (504) | | |
| | BIRTHPLACE (city or town) | Other Contributory Causes of importance: Repeated attacky of anguns pectanian for | |
| 12 | (State or country) / Maryland | tur years ; from ristory of case. | |
| ER | 13. NAME | Pr | |
| FATHER | 14. BIRTHPLACE (city or town) John Mitchell | Name of operation Oate of | |
| 1 _ | (State or country) Centreville, Md | What test confirmed diagnosis? Was there an au | topsy?_/LC |
| MOTHER | 15. MAIOEN NAME | 23. If death was due to external causes (VIOL ENCE) fill in elso the following: | |
| MON | (State or country) 16. BIRTHPLACE (city or town) 17. Cara source le Md | Accident, suicide, or homicide? Date of injury | ,19 |
| | Itaria Mitchell | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY in HOME, or in PUBLIC PLACE Specify whether injury occurred in INOUSTRY in |)) |
| 2 17 | (Address) trees to - Ma. | Specify whether injury occurred in 110001111, in notice, of in 100210 125. | oe. |
| 18 | BURIAL, CHEMATION, OR REMOVAL Md. | Manner of injury | |
| | Place dissonvalle Date Jan. 4, 1936 | Nature of injury | |
| 19 | UNDERTAKER Mrs. Unnie Edding | 24. Was disease or injury in any way related to occupation of deceased? | 0 |
| - | (Addiess) Centreville md | If so, specify | i |
| 20 | FILED Jan 4, 36 Helen M. Clednog | (Signed) facility (Address) | M. D. |
| | If more blanks are needed, address State Registrar | (Address) | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Date of onset | The principal cause of death and related causes | |
|---------------|---|---|
| | of importance were as follows: | Date of onset |
| 1915 | Attack of epilepsy | 1 week ago |
| 1921 | Run over by street car | 1 week ago |
| July 5,1927 | Peritonitis | 3 days ago |
| | | |
| | Other contributory causes of importance: | |
| May 1,1923 | Gastroenteritis | 1 year |
| | | |
| | 1915 1921 July 5,1927 | of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance: |

| ADDITIONAL SPACE FOR | FURTHER STATEMENTS BY PHYSICIAN | |
|----------------------|---------------------------------|--|
| | | |
| | | |

N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

| 1. PLACE OF DEATH | CERTIFICATE OF BEATTI |
|--|---|
| County Que | Societation District 2 55 |
| Village or City Mulenyle: | No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. |
| 2. FULL NAME To suci Lend | Auni |
| (a) Residence: No. (Ugral place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write the wor | |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| | , 19, to, 19, |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month Days If LESS th 1 day, | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, | Stilletorn Date of onset |
| SAW MILL, BANK, etc 10-Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) | Other Coutributory Causes of importance: |
| 13. NAME Prancis Charris | |
| 13. NAME 1.1. BIRTHPLACE (city or town) 1. | Name of operation Date of |
| (State or country) | What test confirmed diagnosis? |
| 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| 18. BURIAL, CREMATION, OR REMOVAL Place Delawys Leasting Date 1/19/ | Manner of injury Nature of injury |
| 19. UNDERTAKER A. Auster Daniels (Address) Tourney Del | 24. Was disease or injury in any way related to occupation of deceased? |
| 20. FILED, 19 | (Signed) M. D. (Address) M. D. |

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| L'Admple 1 | | Diample 11 | | | |
|--|---------------|--|---------------|--|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | | |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago | | |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago | | |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago | | |
| | | 933 | 1,600 | | |
| | | | | | |
| Other contributory causes of importance: | 1-14- | Other contributory causes of importance: | | | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | | |
| | | | | | |
| | | | | | |

| ADDITIONAL S | PACE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|--------------|----------|---------|------------|----|-----------|
|--------------|----------|---------|------------|----|-----------|

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

D. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-

| STATE OF MARYLAND— | CERTIFICATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH | |
| County Juleu acere | Registration Dist. No. 252 |
| Village or City Centrevice (Kear) | Np. St. Ward |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence In city or town where death occurredyrsmos. | ds. How long in U. S. if of foreign birth?mosds. |
| 2. FULL NAME Margaret L. / seed | er. |
| (a) Residence: No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Fourale White OR DA ORCED (grice the word) | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced | |
| HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended deceased from |
| na. 10.1931 | , 19, 19, 19, 19 |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | I last saw h ; death is said to have occurred on the date stated above, at m. |
| 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of Importance |
| 8 Trade profession or particular | were as follows: |
| kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. | Acute Foredenetto al axia |
| Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and | (& mos duration) |
| To. Date deceased last worked at this occupation (month and year) spant in this occupation occupation | |
| 12. BIRTHPLACE (city or town) No Centreville | Other Contributory Causes of importance: |
| (State or country) | |
| 14. BIRTHPLACE (city or town) Caralure Co | |
| 14. BIRTHPLACE (city or town) Caraluse | Name of operation Date of |
| (State of Country) | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME Marie Hegnet 16. BIRTHPLACE (city or town) legge males | 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? |
| E (State or country) | Where did injury occur? |
| 17. INFORMANT. Marie Hyperts (Address) Line Quitre me Co. M. | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of Injury |
| Place Cell revelle Date face 11, 1936 | Nature of Injury |
| 19. UNDERTAKER / Bacton Bra. | 24. Was disease or injury In any way related to occupation of deceased? |
| (Address) Centrevelle md | If so, specify |
| 20. FILED Jan. 11, 1936 Manie S. Bright. Registrar. | (Signed) W Justier M. D. (Address) Caroline Lie Caroline |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | | Example II | | |
|--|-------------------------------------|---------------|--|---------------------------|--|
| The principal cause of importance were as Arteriosclerosis | f death and related causes follows: | Date of onset | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago | |
| Chronic interstitial neph | rilis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | LEREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago | |
| 62 | | | | | |
| Other contributory ca | uses of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | 1 | | | |

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenterilis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Year)

Date of enset

STATE OF MARYLAND—CERTIFICATE OF DEATH

| OAD. Every item of infor- | PHYSICIANS should state | Exact statement of OCCUPA- | |
|---|--|--|--|
| N. B.—WRITE PLAINLY, WIN UNFADING INK—THIS IS A PERMANENT ORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | TION is very important. See instructions on back of certificate. |
| ż | 1 | 1 | 1 |

FOR BINDING

MARGIN RESERVED

τ'n

1. PLACE OF DEATH County Que Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. St... Ward. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH an OR DIVORCED (write the word) marke (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of IHEREBY CERTI F Yo That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Dave If LESS than to have occurred on the date stated above, at, I day.____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.---OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 40. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this L 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?_____ Wes there an autopsy?____ HER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: MOTE Accident, suicide, or homicide? Date of injury 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION. Manner of injury Nature of injury. 24. Was disease or injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial nephritis | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Peritonitis | 3 days ago |
| SUREAU V. S. | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| | | | | | | |

S BY PHYSICIAN



AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

-WRITE PLAINLY, WP

N. B.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state oxD. Every item of infor-

Exact statement of OCCUPA-

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 00813 |
|----------|-------------------------------|-------|
|----------|-------------------------------|-------|

| 1. PLACE OF DEATH | <u> </u> |
|---|---|
| County ween auces | Registration Dist. No. 253 |
| Village or City Hevensielle | NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | mosds. How long in U.S.If of foreign birth?yrsmosds. |
| 2. FULL NAME Joseph B. V. Vorter | A |
| (a) Residence, No. (Usual place of abode) | St., Ward. If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOBY OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (grite tha word | , 21. DATE OF DEATH |
| male Mule Klugle | (Month) (Day) (Year) |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, Mat I ettended deceased from |
| Fl 11/2 1861 | |
| 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS tha | |
| 7/11 11 05 I day, | hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance |
| rade, profession, or particular | were as follows: |
| kind of work dona, as SPINNER, aboven | Raleren |
| 9, Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | |
| kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) occupation. | |
| K. tolan 6 | Other Contributory Causes of Importance: |
| 12. BIRTHPLACE (city or town) (State op country) | Milas Deal Expelia |
| | - many i xxx xiraccon |
| I I I I I I I I I I I I I I I I I I I | |
| 14. BIRTMPLACE (city or town) | Name of operation Date of |
| El ma E P | What test confirmed diagnosis? Was there an autopsy? |
| 15. MAIDEN NAME / ary & degree | 23. If death was due to external causes (VIOLENCE) fill In elso the following: |
| 16. BIRTHPLACE (city or town) Ment Defaux | Accident, suicide, or homicide? Date of injury, 19 |
| 17. INFORMANT Marie A. Marvel (Address) | Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| Planterensieles Data Damode! 195 | |
| 19. UNDERTAKER L. C. Thorhas | 24. Was disease or injury in any way related to occupation of decaased? |
| (Address) stevensuible | If so, specify |
| 20. FILED Jan 20, 186 F. C. Mymas | (Signed) M. D. (Address) Share us Vala |
| If more blanks are needed, address State Regis | trar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I | | Example II | |
|--|-------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows: Arteriosclerosis | | The principal cause of death and related causes of importance were as follows: Attack of epilepsy | Date of onset 1 week ago |
| Chronic interstitial nephrital | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5,1927 | Peritonitis | 3 days ago |
| BUREAU V. S | | | |
| Other contributory causes of importance: | - in- | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |

| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
|------------|---------------------------|----------------------------|--------|
| Al | DDITIONAL SPACE FOR FURTH | ER STATEMENTS BY PHYSICIAN | |
| | | | |
| | | | |

should state

PHYSICIANS Exact statement

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

TION is very important.

UNFADING INK-THIS IS A PERMANENT

of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | | |
|--|--|-----------------------|
| County Green Union | Registration Dist. No. 2.50 | |
| | NoSt.,Step | |
| Length of residence in city or town where death occurred 26_yrs,mos | ds. How long in U.S. if of foreign birth?yrsmos | ds. |
| 2. FULL NAME Charles J. Marky | If U. S. Veteran, specify WAR | |
| (a) Residence: No May (Mullinghy Ma. (Usus) place of abode) | St., Ward. If nonresident give city or town and Str | ate |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) | 21. DATE OF DEATH (Month) (Day) | 93 ((Year) |
| 5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of | 22. I HEREBY CERTIFY, That I attended dec | |
| 6. DATE OF BIRTH (month, day, and year) Office 15-1856 | Vlast saw blast aliva on Dozza 12 1936 | death is seid |
| 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than | to have occurred on the date stated above, at 11 43 4 m. | 200111 13 3010 |
| 79 9 // 1 day,hrs. | The PRINCIPAL CAUSE OF DEATH and related causes of importance | Date of onset |
| NOTE of the compation of perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Francisco. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) this occupation (month end of the compation of the | artemoselemis | 1928 |
| work was done, as SILK MILL, SAW MILL, BANK, etc. | 0 0 0 1 | 730 |
| Do Data decaased last workad at this occupation (month end 1/35 spent in this 2 6/40 occupation 2 6/40 occupation | Cantas General & | kes, 24-3 |
| 12. BIRTHPLACE (city or town) Grown Aure Con (State or country) | Other Coutributory Causes of importance: | |
| 13. NAME Anno Sharks | | |
| 13. NAME 14. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) | Name of operation Data of | |
| | What test confirmed diagnosis? Was there an auto | opsy? |
| I The state of the | 23. If death was due to extarnal causes (VIDLENCE) fill in also the following: | |
| 16. BIRTHPLACE (city or town) Gum County) | Accidant, suicida, or homicide? Dete of injury | , 19 |
| 17. INFORMANT Obnes Hanks (Address) Uniform to Ina | Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE | Ε. |
| 18. BURIAL, CREMATION, DR REMOVAL PIECE Mullington Ma Date for 29 1936 | Manner of injury | |
| 19. UNDERTAKER J. A. Jaken & Som (Address) Lineline 14. | 24. Was disease or injury in any way related to occupation of dacaased? | ır |
| 20. FILED Jan 28, 1926 James To Hartle | (Signad) Munth Bur In (Address) Mulhurghn M | M. D. |
| If more blanks are needed, address State Registrar, | | |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

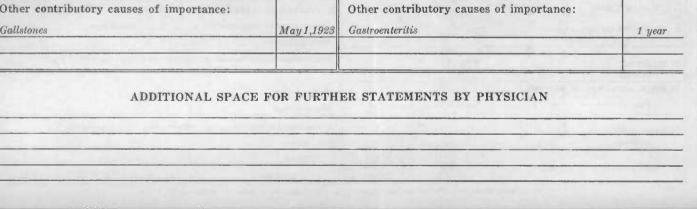
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I | | Example II | | |
|--|---------------|--|-----------------|--|
| The principal cause of death and related cause of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | 5 Date of onset | |
| Arteriosclerosis L. A. 1938 | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial neghritis | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage BUREAU V. S. | July 5, 1927 | Peritonitis | 3 days ago | |
| And all will be a discontinuous continuous or continuous account and account and account accou | | | | |
| Other contributory causes of importance: | | Other contributory causes of importance: | × = = = | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | |



mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

THYSICIANS should state Exact statement of OCCUPA.

| STATE OF MARYLAND- | CERTIFICATE OF DEATH 00817 |
|--|--|
| 1. PLACE OF DEATH | 48) |
| County Queen anne | Registration Dist. No. 250 |
| Village or City Millington. R.D. | |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city or town where death occurred | ds. How long in U.S. if of foreign birth? yrs mos ds. |
| 2. FULL NAME Mary Wertsner | If U. S. Veteran, specify WAR |
| (a) Residence: No. | St Ward. |
| (Usual place of abode) | If nonresident give city or town and State |
| PERSONAL AND STATISTICAL PARTICULARS | MEDICAL CERTIFICATE OF DEATH |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, | 21. DATE OF DEATH |
| Hemale White OR DIVORCED (write the word) | (Month) (Day) (Year) |
| 5a. If merried, widowed, divorces Wartoner. | (month) (pay) (1691) |
| HUSBAND of Jordh Wertoner. | 22. I HEREBY CERTIFY. Thet I attended deceased from |
| N 0 0 11-5 | Salf- 1935 to Jane 30 , 1936 |
| 6. DATE OF BIRTH (month, day, end year) Hel. 9, 1839 | I lest saw h |
| 7. AGE Years Months Days If LESS than | to heve occurred on the date stelled above, et |
| 76 // laday,hrs. | The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows: |
| 8 Trade profession or particular | Date of onset |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10Date deceesed last worked at this occupation (month and | Military |
| 9. Industry or business in which | |
| work was done, as SILK MILL, SAW MILL, BANK, etc | |
| O To-Date decessed last worked at this occupation (month and spent in this | |
| year) occupetion occupetion | Dther Contributory Causes of importance: |
| 12. BIRTHPLACE (city or town) Akila, | Diffet Committee of Importance. |
| (State or country) | |
| 13. NAME Wm. Felton | |
| 13. NAME Wm. Helton 14. BIRTHPLACE (city or town) Phila. | Neme of operation Date of |
| 4. BIRTHPLACE (city or town) (State or country) | What test confirmed diagnosis? |
| | |
| 15. MAIDEN NAME Comma Sharphisa 16. BIRTHPLACE (city or town) Philips (State or country) | 23. If death was due to external causes (VIDL ENCE) fill in elso the following: |
| O 16. BIRTHPLACE (city or town) (State or country) | Accident, suicide, or homicide? |
| - (State of County) | Where did injury occur? (Specify city or town, county and State) |
| 17. INFORMANT Mm. M. Simon | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| (Address) Millington, M. 49. W. | |
| 18. BURIAL, CREMATION, OR REMOVAL | Manner of injury |
| n Crise 1 tice Com Date 1923 | Nature of injury |
| 19. UNDERTAKER John a. John For | 24. Wes diseese or injury in any wey related to occupation of deceased? |
| (Address) millington, md. | If so, specify |
| 20. FILED Jan 30 1936 James Pornotts | (Signed) M. D. |
| 20. FILED. Recistrar. | (Address) |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I | | | Example II | | |
|--|----------------|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset | |
| Arteriosclerosis | | 1915 | Attack of epilepsy | 1 week ago | |
| Chronic interstitial nephritis | TED : | 1921 | Run over by street car | 1 week ago | |
| Cerebral hemorrhage | 1 UN 4 1800 | July 5,1927 | Peritonitis | 3 days ago | |
| | <u> </u> | 1; | | | |
| Other contributory causes | of importance: | | Other contributory causes of importance: | | |
| Gallstones | | May 1,1923 | Gastroenteritis | 1 year | |
| | | | | | |
| | | | | | |

| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
|------------|--------------------------|-----------------------|--------|
| AD | DITIONAL SPACE FOR FURTH | ER STATEMENTS BY PHYS | ICIAN |
| | | | |
| | | | |

| | -WRITE PLAINLY, WI. UNFADING INK-THIS IS A PERMANENT OAD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- | |
|-----------------------------|--|--|--|--|
| ED FOR BINDING | HIS IS A PERMANE | be stated EXACT | be properly classifie | of certificate. |
| MARGIN RESERVED FOR BINDING | UNFADING INK-T | supplied. AGE should | in terms, so that it may | See instructions on back |
| | -WRITE PLAINLY, WI | mation should be carefully | CAUSE OF DEATH in ple | TION is very important. See instructions on back of certificate. |

STATE OF MARYLAND—CERTIFICATE OF DEATH 0081

| 1. PLACE | 1. PLACE OF DEATH | | | (160 E) | |
|--|--|----------------------|--|---|--------------------------|
| | Queen Anne | | | Registration Dist. No. 252 | |
| Village Dr Length of re | Village Dr CitySpaniard's Neck(Length of residence in city or town where death occurredyrsmo | | | ND. St., 'death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth? yrs. m | Ward number) osds. |
| 2. FULL N | AME | W | ilson | | |
| | ence: No. | | | St., Ward. If nonresident give city or town and | State |
| PERSO | NAL AND STATIST | | | MEDICAL CERTIFICATE OF DEATH | - Diale |
| 3. SEX Female | 4. COLOR OR RACE | 5. SINGLE, MAI | RRIED, WIDOWED, ED (write the word) | 21. DATE OF DEATH Jan. 23, (Month) (Day) | , 193 6 (Year) |
| 5a. If married, wide HUSBAND of (or) WIFE of | | | | 22. I HEREBY CERTIFY, That t attended | , 19 |
| | A (month, day, and year) Ja ears Months | n. 23, 19 | If LESS than I day, 192 hrs. ormin. | I last saw h | _; death is said |
| 10, Date deceathis occupear) | r business in which vas done, as SILK MILL, IIILL, BANK, etc | spe occ | time (years) ent in this upation | Other Contributory Causes of importance: | |
| (State or co | | | Md. | Pirth injury | |
| | Edward Wils CE (city or town) Centr or country) | on eville, | Md. | Name of operation Date of What test confirmed diagnosis? Was there an | |
| | Marguerite | | | 23. If death was due to external causes (VIDLENCE) fill in also the following | g: |
| I6. BIRTHPLA | 16. BIRTHPLACE (city or town) Centreville, (State or country) Md. | | | Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Sta | te) |
| (Address) | | midwife eville. N | Id. | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL | ACE. |
| | 18. BURIAL, CREMATION, OR REMOVAL Place Burrisville Date Jan. 24 , 1936 | | | Manner of Injury | |
| 19. UNDERTAKER (Address) | Edw. Wilson (| father) | | 24. Was disease or injury in any way related to occupation of deceased? | 73 |
| 20. FILED. Jan | . 24 , 19 36 Ma | mie S. Br | right Registrar. | (Signed) I lagnie De Bright h. | YMEE |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I | | Example II | |
|--|---------------|--|---------------|
| The principal cause of leath and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis | 1915 | Attack of epilepsy | 1 week ago |
| Chronic interstitial pephritise | 1921 | Run over by street car | 1 week ago |
| Cerebral hemorrhage | July 5, 1927 | Perilonitis | 3 days ago |
| 64 6 | | | |
| Other contributory causes of importance. | | Other contributory causes of importance: | |
| Gallstones | May 1,1923 | Gastroenteritis | 1 year |
| | | | |
| 3, / | | | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN